

**Request from Dr. Eisenberg:** A list of dentists, by county, who currently have openings for Medicaid patients. This is not to be confused with those who are signed up as MA providers or those who have, in the past, seen MA patients but are no longer doing so. What I want for the Task Force is a list of dentists who could be called today by a patient who could then get an appointment. Of those who are on the list, how long of is the waiting time for the MA patient with a toothache to see the dentist?

Dentists with Availability for Medicaid Patients: We currently do not maintain lists of dentists accepting new patients. We have asked EDS, our Medicaid administrator, to maintain a list of dentists who have submitted more than twenty fee-for-service claims in the last 6 months. **Appendix A** shows the dentists who made fee-for-service claims from April to September of this year. This does not include any information on dentists participating in managed care programs in southeastern Wisconsin.

Number of Dentists Who Made More than 20 Medicaid Claims in 2004 (by County)					
Adams	2	Iowa	1	Polk	12
Ashland	7	Iron	2	Portage	20
Barron	11	Jackson	0	Price	3
Bayfield	2	Jefferson	17	Racine	16
Brown	46	Juneau	2	Richland	5
Buffalo	3	Kenosha	24	Rock	26
Burnett	0	Kewaunee	3	Rusk	8
Calumet	2	La Crosse	22	Sauk	15
Chippewa	11	Lafayette	3	Sawyer	6
Clark	3	Langlade	5	Shawano	9
Columbia	6	Lincoln	1	Sheboygan	13
Crawford	4	Manitowoc	11	St. Croix	4
Dane	59	Marathon	19	Taylor	1
Dodge	8	Marinette	11	Trempealeau	7
Door	6	Marquette	2	Vernon	6
Douglas	7	Menominee	2	Vilas	1
Dunn	8	Milwaukee	106	Walworth	13
Eau Claire	23	Monroe	9	Washburn	4
Florence	0	Oconto	4	Washington	9
Fond du Lac	20	Oneida	6	Waukesha	31
Forest	5	Outagamie	44	Waupaca	7
Grant	10	Ozaukee	5	Waushara	3
Green	6	Pepin	1	Winnebago	15
Green Lake	2	Pierce	6	Wood	30
<u>Border State Dentists</u>					
Illinois	1	Iowa	7		
Michigan	5	Minnesota	11		

The Department of Health and Family Services is currently undertaking a re-certification of dentists which will include an indication of their ability to service new MA patients. We will then institute electronic and telephone systems for dentists to keep that information updated.

The *Overview of Children's Oral Health in Wisconsin: A Youth Oral Health Data Collection Report* that you received at the first meeting includes information about the Dental Workforce. The state ratio of 53 dentists per 100,000 population is less than the nation-wide ratio of 59 dentists per 100,000.

Number of Dentist per 100,000 population by Wisconsin Department of Health and Family Services Region						
	Wisconsin	Northeastern	Northern	Southeastern	Southern	Western
Total population	5,363,675	1,160,186	482,311	2,006,929	972,710	741,539
All dentists	2,842	606	255	1,171	433	341
Dentists per 100,000 population	53	52	53	58	45	46
Population per dentist	1,887	1,914	1,891	1,714	2,246	2,175
Primary care dentists	2,343	504	216	954	351	283
Dentists per 100,000 population	44	43	45	48	36	38
Population per dentist	2,289	2,302	2,233	2,104	2,771	2,620

Source: Wisconsin Primary Health Care Association, Wisconsin Dentist Workforce Report, 2001

**Question from Dr. Eisenberg:** How long is the waiting time for the MA patient asking the dentist's office for a routine cleaning? When all of this data is available, by name and county of provider, I believe we can then have a meaningful discussion about what incentives are necessary to improve access, and also whether those incentives, if provided, are working.

Waiting Times: We cannot reasonably collect and maintain detailed practice information such as that.

**Question from Dr. Eisenberg:** I believe the Wisconsin Legislature not long ago increased the reimbursement for dentists who provide care for MA patients. I would like to know if the number of dentists participating in the MA programs before and after that increase.

Dentist Reimbursements: The last major rate increase happened in Fiscal Year 2000. Table 1 shows changes to the rate over the last 10 years.

**Table 1: Wisconsin Medicaid Dental Rate History <sup>1</sup>**

<b>FY 05</b> (effective 7/1/04)	No rate increase
<b>FY 04</b> (effective 7/1/03)	No rate increase
<b>FY 03</b> (effective 7/1/02)	1.099% rate increase
<b>FY 02</b> (effective 7/1/01)	1.065% rate increase
<b>FY 01</b> (effective 7/1/00)	No rate increase
<b>FY 00</b> (effective 7/1/99)	Increased Medicaid maximum allowable fees for adults to 65% of usual and customary charges billed in calendar year 1998 and for children to 69% of usual and customary charges billed in calendar year 1998.
<b>FY 99</b> (effective 7/1/98)	Increased Medicaid maximum allowable fees for adults and children by 5%
<b>FY 98</b> (effective 7/1/97)	Increased Medicaid maximum allowable fees for adults and children by 5%
<b>FY 97</b> (effective 7/1/96)	No rate increase
<b>FY 96</b> (effective 7/1/95)	Increased Medicaid maximum allowable fees for children's dental procedures to 75% of CY 94 charges
<b>FY 95</b> (effective 7/1/94)	No rate increase
<b>FY 94</b> (effective 7/1/93)	Increased 24 children's dental procedures by \$3.50 (6.2% increase)
<b>FY 93</b> (effective 7/1/92)	Increased Medicaid maximum allowable fees for adults and children to 67% of CY91 charges billed
<b>FY 92</b> (effective 7/1/91)	Increased Medicaid maximum allowable fees for adults and children to 63% of CY91 charges billed

*Source: Budget bills.*

The number of certified providers has been increasing since the 2000 rate increase, but the number of providers submitting claims has been incrementally, but steadily decreasing. This trend has been in evidence for the last 10 years. The re-certification mentioned above should help bring the number of certified providers closer to the number of participating providers.

## Participation in Fee-for-Service Medicaid by Dentists, SFY 1992-2004 <sup>2</sup>

State Fiscal Year	Number of Providers Enrolled	Number of Providers Participating	Percent of Providers Participating
2004	2342	1195	51.02%
2003	2331	1245	53.41%
2002	2317	1275	55.03%
2001	2297	1293	56.29%
2000	2278	1252	54.96%
1999	2227	1266	56.85%
1998	2182	1287	58.98%
1997	2145	1320	61.54%
1996	2201	1420	64.52%
1995	2170	1498	69.03%
1994	2139	1518	70.97%
1993	2070	1573	75.99%
1992	1969	1567	79.58%

Source: HMGR 340Q, June 1993-June 2004.

Table 2 (below) shows the number of dentists submitting Medicaid claims from 2000 to 2004. As you can see, the number of dentists who make a smaller number of claims (less than 100) dropped by the largest amount, 113 less dentists. However, the total number of providers submitting claims dropped only slightly, and the number of dentists submitting a very large volume of claims (2000+) increased substantially over the period.

**Table 2: Volume of Claims Submitted by Wisconsin Medicaid-Certified Dentists**

Volume of Claims	FY 2000		FY 2001		FY 2003		FY 2004	
	Number of Participating Dentists	Percent of Participating Dentists	Number of Participating Dentists	Percent of Participating Dentists	Number of Participating Dentists	Percent of Participating Dentists	Number of Participating Dentists *	Percent of Participating Dentists
1-49	653	45.30%	601	42.70%	548	39.80%	571	40.67%
50-99	251	17.40%	231	16.40%	215	15.60%	220	15.67%
100-249	292	20.30%	295	21%	301	21.90%	279	19.87%
250-499	135	9.40%	153	10.90%	162	11.80%	165	11.75%
500-749	53	3.70%	56	4%	55	4%	66	4.70%
750-999	22	1.50%	31	2.20%	32	2.30%	29	2.07%
1,000-1,999	30	2.10%	31	2.20%	49	3.60%	49	3.49%
2,000 or more	2	0.30%	8	0.60%	15	1.10%	25	1.78%
<b>Total</b>	1438	100.00%	1406	100.00%	1377	100.10%	1404	100.00%

\* FY 04 includes, for the first time, both in-state and out-of-state dental providers in this count.  
Source: *Wisconsin Medicaid query of performing provider data. This table includes both in-state and out-of-state providers.*

**Table 3: Wisconsin Medicaid Fee-for-Service Dental Fiscal Data**

<b>Fiscal Year *</b>	<b>Expenditures</b>	<b>Billed</b>	<b>Percent Paid-to-Billed</b>	<b>Units of Service Rendered</b>	<b>Amount Paid per Unit of Service</b>	<b>Amount Billed per Unit of Service</b>
2004	\$27,938,425	\$60,843,636	45.9%	774,032	\$36.09	\$78.61
2003	\$26,362,022	\$55,465,677	47.5%	679,654	\$38.79	\$81.61
2002	\$23,738,235	\$47,887,488	49.6%	626,755	\$37.87	\$76.41
2001	\$21,609,764	\$41,592,918	52.0%	573,262	\$37.70	\$72.55
2000	\$19,658,785	\$35,812,744	54.9%	541,038	\$36.34	\$66.19
1999	\$14,885,635	\$28,029,400	53.1%	445,942	\$33.38	\$62.85
1998	\$14,719,000	\$27,604,200	53.3%	483,191	\$30.46	\$57.13
1997	\$14,949,100	\$27,299,100	54.8%	501,590	\$29.80	\$54.43
1996	\$16,108,600	\$28,374,000	56.8%	566,135	\$28.45	\$50.12
1995	\$18,591,700	\$36,159,600	51.4%	658,371	\$28.24	\$54.92
1994	\$18,767,900	\$30,524,700	61.5%	673,506	\$27.87	\$45.32
1993	\$17,252,300	\$28,192,800	61.2%	666,100	\$25.90	\$42.33

\*Fiscal Year runs July 1 to June 30

Source: HMGR 340Q, Payment Month = June. This figure does not include capitation payments made to HMOs providing dental services in Milwaukee, Waukesha, Racine, and Kenosha counties.

**Table 4: Wisconsin Medicaid Measures of (FFS) Fee-for-Service Dental Service**

	<b>FY 03</b> <b>7/1/02 - 6/30/03</b>	<b>FY 04</b> <b>7/1/03 - 6/30/04</b>	<b>%</b> <b>Change</b>
Wisconsin Licensed Dentists <sup>^</sup>	3464	3392	-2.1%
<b>Medicaid Dental In-State Providers:</b>			
Medicaid-Certified Wisconsin Dentists <sup>#</sup>	1944	1934	-0.5%
Percent of Wisconsin Licensed Dentists who are Medicaid-Certified	56.1%	57.0%	1.6%
Medicaid-Certified Wisconsin Dentists Submitting FFS Claims*	1377	1342	-2.5%
% of Medicaid-Certified Wisconsin Dentists Submitting FFS Claims	70.8%	69.4%	-2.0%
% of Wisconsin Licensed Dentists Submitting Medicaid FFS Claims	39.8%	39.6%	-0.5%
<b>Medicaid Dental Out-of-State Providers:</b>			
Medicaid-Certified Non-Wisconsin Dentists	Not recorded	236	N/A
Medicaid-Certified Non-Wisconsin Dentists Submitting FFS Claims*	Not recorded	62	N/A
% of Medicaid-Certified Non-Wisconsin Dentists Submitting FFS Claim	Not recorded	26.3%	N/A
<b>Medicaid Recipients:</b>			
Unduplicated Fee-for-Service Medicaid Recipients in Wisconsin <sup>+</sup>	576,495	609,862	5.8%
Unduplicated Medicaid Recipients Receiving FFS Dental Services	130,142	138,986	6.8%
% of Eligible Fee-for-Service Medicaid Recipients Receiving FFS Dental Services	22.6%	22.8%	1.0%
Eligible Fee-for-Service Medicaid Recipients per Medicaid-Certified Dentist Submitting FFS Claims	419	454	8.5%
<b>Procedures:</b>			
Total Number of FFS Procedures Rendered	679,654	774,032	13.9%
Average Number of Procedures per Dentist Submitting FFS Claims	494	577	16.9%

<sup>^</sup> Individual dentists who are licensed by the Department of Regulation and Licensing, and in active practice in Wisconsin as of 7/17/01 and 7/1/02.

<sup>#</sup> Medicaid-Certified Dentists in Wisconsin = Total providers enrolled (HMGR 340Q report) - # enrolled out of state (HMGR 338Q report) - # of clinics enrolled (HMGR 339Q report)

\* Wisconsin Dentists who have submitted at least one paid dental claim to the fee-for-service program (not to a managed care organization) based on performing provider statistics. Gathered from Business Objects report.

<sup>+</sup> Unduplicated Fee-for-Service Medicaid Recipients = Unduplicated Total of Medicaid Recipients - HMO/Dental Enrollees

**Question from Dr. Eisenberg:** Please also let me know at what percentage of charges are physicians (separately for pediatrics, family practice, and internal medicine) being reimbursed from MA so that we members of the Task Force may compare that with the percent of charges dentists are currently being reimbursed from MA. I believe there is some data to this point in the materials previously provided, however, I don't believe the data was broken down by medical specialty.

Physician reimbursements: We are only certain what we pay our fee-for-service (FFS) physicians -- our HMO contractors are free to pay providers more than FFS and they do not report this information to us. Also, the "paid-to-billed ratio" is a less applicable measure for the medical world. [Add the table I sent which lists the fee-for-service paid-to-billed ratios for the 3 physician specialties?]

## Fee-for-Service Paid and Billed Amounts for Selected Physician Specialties, SFY 2003-04

	Amount Paid SFY 03	Amount Billed SFY 03	Paid-to- Billed SFY 03	Amount Paid SFY 04	Amount Billed SFY 04	Paid-to- Billed SFY 04
<b>Pediatrics</b>						
Osteopath	\$65,478.57	\$159,136.28	41.15%	\$25,064.86	\$57,882.75	43.30%
Physician	\$2,022,094.44	\$4,473,861.57	45.20%	\$2,467,764.84	\$5,139,773.10	48.01%
Physician Clinics/Groups	\$2,078,154.54	\$5,318,348.76	39.08%	\$2,942,410.76	\$7,244,017.48	40.62%
<i>Combined</i>	\$4,165,727.55	\$9,951,346.61	41.86%	\$5,435,240.46	\$12,441,673.33	43.69%
<b>Family Practice</b>						
Osteopath	\$101,566.93	\$273,038.64	37.20%	\$112,427.12	\$307,249.94	36.59%
Physician	\$735,677.01	\$2,108,219.54	34.90%	\$708,444.04	\$2,113,006.80	33.53%
Osteopath Group	\$15,976.86	\$56,618.00	28.22%	\$16,299.11	\$63,974.72	25.48%
Physician Clinics/Groups	\$2,909,872.29	\$8,763,452.89	33.20%	\$3,471,131.50	\$10,753,924.20	32.28%
<i>Combined</i>	\$3,763,093.09	\$11,201,329.07	33.60%	\$4,308,301.77	\$13,238,155.66	32.54%
<b>Internal Medicine</b>						
Osteopath	\$12,350.98	\$34,560.88	35.74%	\$8,466.86	\$24,952.50	33.93%
Physician	\$774,759.61	\$2,301,445.22	33.66%	\$667,120.87	\$2,222,318.44	30.02%
Physician Clinics/Groups	\$553,191.27	\$1,786,573.03	30.96%	\$608,219.79	\$2,315,090.41	26.27%
<i>Combined</i>	\$1,340,301.86	\$4,122,579.13	32.51%	\$1,283,807.52	\$4,562,361.35	28.14%

The paid-to-billed ratio may vary due to the influence of other insurance and recipient co-payments. Supplemental health insurance and Medicare coverage for physician services is widely available. Due to the minimal influence of commercial dental insurance on the amount of Wisconsin Medicaid reimbursement, the paid-to-billed ratio for dentists is more accurate than the paid-to-billed ratio for physician services.

**Table 5: Medicaid-Certified Non-Institutional Providers Percent Paid-to-Billed**

Provider Type	FY 2001	FY 2002	FY 2003	FY 2004
Audiologists	56.7%	50.0%	56.5%	59.5%
Optometrists	55.9%	53.0%	52.1%	48.5%
Nurse Practitioners	37.9%	41.6%	44.1%	46.5%
Dentists	52.0%	49.6%	47.5%	45.9%
Chiropractors	23.7%	31.9%	41.1%	41.1%
Podiatrists	43.5%	39.7%	40.1%	39.0%
Mental Health/AODA Clinics	43.0%	41.6%	41.9%	39.0%
Physician Services	31.8%	30.5%	29.8%	29.4%

\*Fiscal Year (FY) runs July 1 to June 30

Source: HMGR 340Q, Payment Month = June, "Percent Paid to Billed"

**Question from Dr. Eisenberg:** Finally, how many physician providers are currently billing MA for fluoride varnish?

Fluoride varnish: From February to August of this year, 24 non-dentists (including physicians, Nurse Practitioners, and HealthCheck agencies) submitted fee-for-service claims for topical fluoride applications. This does not include any information on managed care, which most of our physicians operate through.

Table 6 shows the number of varnishes done and the number of recipients but we do not have the number of providers who are performing the service because we do not get that information from our contracted managed care organizations.

**Table 6: Fluoride Varnish Utilization by Non-Dentists,  
Statewide Managed Care Organizations  
and Fee-for-Service<sup>3</sup>  
February 2004 - August 2004**

<b>Entity</b>	<b>Recipients</b>	<b>Units</b>
<b>Atrium</b>	46	55
<b>Network</b>	26	28
<b>UnitedHealthCare</b>	484	490
<b>Group Health Cooperative - Eau Claire</b>	76	84
<b>MHS</b>	71	73
<b>Security</b>	32	32
<b>Fee-for-Service Medicaid</b>	221	319
<b>Total</b>	956	1081

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<sup>1</sup> In FY 92, FY93, FY94, and FY96, most non-institutional provider groups did not receive a rate increase. In FY95, most non-institutional providers received a 1% rate increase. In both FY97 and FY 98, most non-institutional providers received a 2% rate increase. In FY 00 no other non-institutional providers received rate increases, except personal care providers. In FY 01, most other non-institutional providers received a 1% rate increase.

<sup>2</sup> Note that the count of enrolled providers includes billing ID numbers for clinics, and that the count of participating providers includes only dentists who are indicated as performing providers on fee-for-service claims (that is, it does not count dentists submitting claims to Medicaid managed care organizations) , resulting in a percentage that is an underestimate of actual participation by enrolled dentists.

<sup>3</sup> Managed Care Organization (MCO) utilization count based on DHCF encounter data as of October 13, 2004. MCO utilization is underestimated due to the lag between the date of service, MCO receipt and processing of claim, and DHCF processing of encounter data.